MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration District. No File No. Primary Registration District No. Registered No..... (a) Residence, No.... (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred E E How long in U. S., if of foreign birth? mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DINORCED (write the word) That I attended deceased from SA. IF MARRIED, WIDOWED, ORDIVORCED HUSBAND OF (OR) WIFE OF 1857 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at. The principal cause of death and related causes of importance were as follows: 7. AGE If LESS than 1 YEARS MONTHS DAYS day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last worked, at 11. Total time (years) this occupation (month and information should be carefu in plain terms, so that it may vear)..... occupation 12. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) Name of operation. 14. BIRTHPLACE (CITY OR TO What test confirm (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: MOTHER 15. MAIDEN NAME Accident, suicide, or homicide?..... O...... Date of injury...... O......, 19....... Where did injury occur?..... 16. BIRTHPLACE (CITY OR TOW (Specify city or town, county, and State) (STATE OR COUNTRY) Every item of OF DEATH Specify whether injury occurred in industry, in home, or in public place. (ADDRESS) Manner of injury... 18. BURIAL, CREMATION, OR REMOVAL 24. Was disease or injury in any way related to occupation of deceased? If so, specify. 19. UNDERTAKER (ADDRESS) Registrar

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